

Siddeeq Williams
Reg. No. 71042-050
FCI Fort Dix
P.O. Box 2000
Joint Base MDL, NJ 08640

April 5, 2021

Honorable Brian R. Martinotti
United States District Court
District of New Jersey
402 East State Street
Trenton, NJ 08608

RE: United States v. Siddeeq Williams
Case. No.: 3:17-CR-00484-BRM-1

Dear Honorable Judge Martinotti,

Conditions at Fort Dix have changed considerably since my last update of March 5, 2021, and I am writing to update you regarding these changes. My housing unit, building 5812, is still in isolation due to COVID-19. On March 17, 2021, all inmates in 5812 were retested. It was not until March 22, 2021, that 2 inmates were informed they tested positive and removed from the building. It took medical staff five days to identify and remove these infected inmates. We were tested again this morning, April 5, 2021. CDC guidelines recommend retesting every 3 to 5 days in prison conditions where COVID-19 is active. This inability to follow CDC guidelines and control the outbreak has resulted in a cycle of repeated infection and reinfection within my housing unit.

Medical and prison staff do not communicate testing procedures or results with inmates, contrary to HIPPA requirements and BOP stated policies. On March 1, 2021, in response to two inmates falling ill and testing positive for COVID-19, nearly all of the the inmates in building 5812 were tested. I was not. No explanation was given, and I have not received a response to my question from Medical Staff or the Assistant Warden. See Exhibit A. It was not until March 25, after

the entire unit was retested, that I received a response from my counselor. The response stated "You were tested on March 17, 2021." When asked directly why I was not tested on March 1, 2021, I was told "I don't know, I forwarded it to Mr. Wilkes." See: Exhibit B.

Patient records are confidential documents, covered by HIPPA regulation, and routinely sealed by the courts for these reasons. However, at Fort Dix, this regulation is often violated. On March 16, 2021, I was given copies of medical records which had been requested on December 28, 2021. See: Exhibit C. They were brought to me by another inmate, not by medical staff, and as an unsealed, open sheaf of papers which anyone could read. See: Exhibit D. Furthermore, the documents were dated January 28, 2021, and yet I had to ask my counselor to send another request on March 2, 2021. See: Exhibit E. Either the documents were backdated so that it appeared they processed my request within the required 30-day window, or they sat unprotected in sight of inmate orderlies at Medical. Both of these possibilities are in violation of both BOP policy and federal health care laws.

Medical care at Fort Dix remains substandard. On a Saturday evening, March 13, 2021, at 7:30pm, I was called to the CO's office and tested for TB by medical staff. This was the second time within a year I had been tested (last tested September 24, 2020). Again, Medical staff gave no explanation. Requests for medical treatment often take excessively long. On March 16, 2021, after submitting multiple "sick call" requests, I was seen by Medical. I have been experiencing headaches, ear ache, and kidney pains. I received a stronger antibiotic for my ear infection, which should have been routinely monitored. Since this time, I have not received any follow-up from Medical.

Due to the ongoing COVID-19 pandemic at Fort Dix, medical personnel are unable to provide an acceptable level of medical care. Simply put, they are overworked, understaffed, and untrained in infectious disease management. During the lockdown, we are unable to social distance or obtain physical exercise.

When we were on lockdown we were able to receive outdoor recreation for a maximum of 3 hours a week, but under isolation we are not allowed outside of the building. There are 2 exercise bikes, two jump ropes, and one stair stepper, all for about 230 people. Combined with the poor diet available to us, it is difficult to maintain my proper weight.

Since April 1, 2020, my building (5812) has been on continuous lockdown, and in and out of quarantine status for over 4 months due to reinfection with COVID-19. For part of that time we were on modified lockdown, and allowed to go to the chow hall to pick up meals and return to our housing units. Many times these meals have been modified due to issues with suppliers or staffing due to COVID-19. However, we have never received bottled water, as stated on the menu. See: Exhibit F. Currently, the State of New Jersey has a pending lawsuit in the 4th Circuit (Charleston, SC). This lawsuit was filed against the federal government regarding contamination of the water supply due to operations at the Fort Dix military base. See Exhibit G. We should be receiving bottled water which is proven safe to drink.

Since my last update on March 5, 2020, I was offered the Moderna vaccine. I declined the vaccine as I had not yet been tested for COVID-19, and I had an ear infection and residual symptoms from my previous COVID-19 infection. I did not want to place myself at additional risk, and this decision was supported by information contained within the Moderna vaccine fact sheet. This decision was also supported by the recently publicized death of Edwin Segarra, a federal inmate at MDC Brooklyn (Reg. No.62600-054), who passed away after being vaccinated while having COVID-19.

I am at risk for complications and long-term side effects associate with prior contraction of COVID-19 and possible reinfection. This is not theoretical; the Bureau of Prisons has reported at least 11 confirmed cases of reinfection where an inmate, have "recovered" and testing negative, again contracted COVID-19 and died. This includes Fernando Trujillo, an inmate at

Fort Dix, who was declared "recovered" on Dec. 22, 2020, and subsequently died from COVID 19 on March 25, 2021. At least 3 other inmates testing positive for COVID-19 were released from Fort Dix after being declared "recovered" and subsequently died from the virus. In this current round of testing within my housing unit, at least 4 inmates were reinfected with COVID-19.

This represents a real and continued risk to my health. Studies suggest that "long COVID" - a debilitating syndrome that follows a COVID-19 infection - can lead to devastating consequences, including organ damage, chronic fatigue, memory loss, and cardiac inflammation. See review: New Scientist, October 31, 2020, pp. 10-13. See: also: Exhibit H. As I suffer from long COVID symptoms, I do not believe that Fort Dix and the BOP have the ability to provide adequate medical care.

Conditions within my housing unit place me at high risk for reinfection. The CDC had previously reported that there is a low risk for reinfection with COVID-19, and such events are "extremely rare." (www.cdc.gov/2019-ncov/your-health/reinfection.html) (last accessed Dec. 17, 2020). A comprehensive study of reinfection among health care workers in the U.K. published in Nature reported that the risk of reinfection is less than 1 percent. (Sars-Cov-2 Immunity and Reinfection Evaluation [SIREN], Nature, Jan. 2020) (doi: <https://doi.org/10.1038/241586-021-00071-6>)

However, these studies were performed under conditions which are not present in a closed community, such as those found in a correctional facility. Both the CDC and the BOP have acknowledged the unique circumstances present in prisons, where it is impossible to follow all CDC guidelines for preventing the spread of COVID-19, i.e. social distancing. The United States Navy maintains detailed records on COVID-19 infection among military personnel. A study of COVID-19 reinfection among United States Marines housed in barracks at the Quantico military base was published in the New England Journal of Medicine. This study found a reinfection rate of 10.1 percent, and the overall risk of

reinfection is 1/5 that of a first infection. (SARS-COV-2 Transmission among Marine Recruits During Quarantine. NEJM, Jan. 2020.) (doi: <https://doi.org/10.10516NEJMos2029717>). These conditions more closely match those found in prisons, where individuals remain in close proximity at all times.

To extrapolate from these data, one could predict a reinfection rate at Fort Dix of over 16 percent (the infection rate at Fort Dix, 81%, or .81, multiplied by the reinfection rate, 1/5, or 0.2, is .162, or 16.2%). One can reasonably expect that conditions within a federal prison and medical treatment are worse than they would be in the military, suggesting that the reinfection rate will be even higher. This presents an extraordinary risk to my health.

Fort Dix has the highest rate of COVID-19 infection of any facility in the BOP. It also continues to struggle with new infections among inmates, but the new infection rate among staff is one of the reasons that we keep getting reinfected. This is reflected in the current BOP statistics (accessed April 5, 2021). They can be found at: <https://www.bop.gov/coronavirus>).

Fort Dix Statistics:

Actively Infected		Recovered		Deaths	
Inmates	Staff	Inmates	Staff	Inmates	Staff
<u>15</u>	<u>43</u>	<u>1810</u>	<u>47</u>	<u>2</u>	<u>0</u>

Number of COVID-19 Tests:		
Completed	Pending	Positive
<u>2777</u>	<u>3</u>	<u>2030</u>

Note that due to recent changes in BOP procedures, inmates that have since left BOP custody are no longer counted as positive or recovered, making it impossible to accurately determine the extent of infection.

The COVID-19 infection rate in the United States is 9 percent. The infection rate within the BOP is approximately 37 percent. FCI Fort Dix, which has the largest number of inmates tested positive for COVID-19 within the BOP, has an infection rate of approximately 81 percent (among inmates actually tested). FCI Fort Dix has a COVID-19 infection rate that is over 9 times the infection rate

of the general public, and 2.2 times that of the overall federal prison population. It is unclear how the Bureau of Prisons in general, and FCI Fort Dix in particular, consider their COVID-19 Response Plan to be either adequate or effective, as BOP Director Carvajal has repeatedly averred to the public, the media, and in his Congressional reports.

The cause of the current outbreak within my housing unit is one of a failure to follow existing BOP and CDC protocols for containment of infection. Continued movement of new inmates from other prisons and between buildings continues to be a major factor. Over 30 inmates have been moved into my housing unit since December 2020. Well over 200 inmates have been transferred into Fort Dix from other prisons in that same time frame. Vaccination among staff remains low, with only 40 percent electing to receive the vaccine. Consequently this facility has the highest number of active COVID-19 infections among staff within the federal prison system.

The BOP has issued a protocol where new arrivals from other institutions are quarantined and tested for COVID-19 prior to being placed in an existing housing unit. Recently, inmates arriving from another institution were tested prior to arrival at FCI Fort Dix and placed directly into existing housing units. There was a major failure in that the testing results did not arrive with the inmates. When the test results arrived it was found that several newly arriving inmates were positive for COVID-19, thus spreading the infection through housing units which had just recovered from the virus.

This facility is now subject to inspection and corrective action from outside agencies; the American Corrections Association, the Burlington County Board of Health, and the Office of Senator Corey Booker.

In response to conditions at Fort Dix, the Bureau of Prisons removed Warden Ortiz from his position at Fort Dix and reassigned him to the regional office.

Current conditions at Fort Dix in particular have influenced

judges to release inmates under 18 U.S.C. § 3582(c)(1)(A). In United States v. Goldblatt, 2021 U.S. Dist. LEXIS 16574, Crim. No. 18-345(SDW) (D.NJ. Jan 28, 2021), the Judge wrote "This Court notes that the Government's reply did not counter the statistics provided by Defendant regarding the FCI Fort Dix outbreak; any relevant safety precautions in place at FCI Fort Dix; or suggest that actions are being taken to correct any prior mismanagement of the crisis at this facility. This Court continues to express great concern regarding the lack of control exhibited at this facility over the spread of the disease." In United States v. Tazewell, 2021 U.S. Dist. LEXIS 99, 07 CR 1035 (RMB), (S.D.N.Y. Jan 3, 2021), Judge Richard Berman granted compassionate release based on the overwhelming severity of conditions at Fort Dix. Tazewell had been sentenced to 60 months for Possession with Intent to Distribute Heroin. Judge Berman wrote that "The court believes that BOP officials may be endeavoring to provide a safe prison environment [at Fort Dix] but also that (1) COVID-19 may spread to and overwhelm inmates with pre-existing conditions such as Tazewell's; and (2) If Tazewell does contract the virus, he is at serious risk of severe illness and death." Judges have cited Fort Dix as "[o]ne of the federal prisons most 'profoundly impacted by COVID-19.'" United States v. Clem, 2021 U.S. Dist. LEXIS 4363, Crim. No. RDB-14-0405 (D.MD. Jan 11, 2021). See also: United States v. Zhang, 2021 U.S. Dist. LEXIS 25596, Case No. 8:12-cr-000463-PWG-1, (D.MD. Feb 9, 2021); United States v. Hancock, 2021 U.S. Dist. LEXIS 3660, Crim. No. 3:12-cr-00015(VAB) (D.CT. Jan. 8, 2021); United States v. Deit, 2021 U.S. Dist. LEXIS 1244, Crim. No. 1:11-CR-0484 (N.D.OH. Jan 4, 2021); United States v. Mowry, 2021 U.S. Dist. LEXIS 14326, Crim. No. 1:18-cr-00015-NT (D.ME. Jan 26, 2021); United States v. Braccia, 2021 U.S. Dist. LEXIS 18310, Crim. No. 19-202 (E.D.PA. Feb 2, 2021); United States v. Spencer, 2021 U.S. Dist. LEXIS 26958, Crim. No. 15-562 (E.D.PA. Feb 2, 2021).

I pray that Your Honor will take this new information regarding the dangerous environment and threats to my health

presented at Fort Dix when considering my motion for compassionate release. Your Honor never intended that the confinement imposed upon me would result in a potential death sentence.

Respectfully submitted,


Siddeeq Williams

Dated April 5, 2021.

EXHIBIT

A

OPI: LEGAL DEPARTMENT
Number: FTD 1330.18
Date: November 18, 2014
Attachment: 1

FCI FORT DIX, NEW JERSEY
INFORMAL RESOLUTION FORM (BP-8)

You are advised that prior to receiving and filing a Request for Administrative Remedy Form BP-9, you MUST ordinarily attempt to informally resolve your complaint through your Correctional Counselor. Briefly state ONE complaint below and list what efforts you have made to resolve your complaint informally and state names of staff contacted.

Date form issued and initials of Correctional Counselor: Old Wal 3/2/21

INMATE NAME Siddeeq Williams
REGISTER NO. 71042-050
BLDG. 5812

Date the incident complained of occurred: 3-2-21

Complaint and relief requested: I've been waiting for over a month to get my medical records from December 1, 2020 to Present

CORRECTIONAL COUNSELOR:

Date BP-8 returned to Correctional Counselor: 3-2-21

Efforts made to informally resolve and staff contacted: you received a copy 3/16/21

Date response given to inmate: 3/25/21 Old Wal
Counselor (sign)

Date BP-9 Issued: _____ Unit Manager (sign)

If complaint is NOT informally resolved: forward original attached to BP-9 form to the Legal Assistant.

EXHIBIT

B

TRULINCS 71042050 - WILLIAMS, SIDDEEQ Q - Unit: FTD-Q-B

FROM: 71042050 WILLIAMS, SIDDEEQ Q

TO: Warden

SUBJECT: ***Request to Staff*** WILLIAMS, SIDDEEQ, Reg# 71042050, FTD-Q-B

DATE: 03/02/2021 06:13 AM

To:

Inmate Work Assignment: PM YARD

I would like to know why most of my unit was tested yesterday for Covid-19, but I was told I wouldn't be tested with no explanation.

TRULINCS 71042050 - WILLIAMS, SIDDEEQ Q - Unit: FTD-Q-B

FROM: AW Services
TO: 71042050 WILLIAMS, SIDDEEQ Q
SUBJECT: RE:***Inmate to Staff Message***
DATE: 03/03/2021 06:32 PM

Your inquiry was forwarded to health service for a response.

>>> ~^!"WILLIAMS, ~^!SIDDEEQ Q" <71042050@inmatemessage.com> 3/2/2021 6:11 AM >>>

To: Dr. Kodger

Inmate Work Assignment: PM YARD

I would like to know why most of my unit was tested yesterday for Covid-19 but I was told that I wasn't going to be tested with no explanation.

EXHIBIT

C

OPI: LEGAL DEPARTMENT
Number: FTD 1330.18

Date: November 18, 2014

Attachment: 1

FCI FORT DIX, NEW JERSEY
INFORMAL RESOLUTION FORM (BP-8)

You are advised that prior to receiving and filing a Request for Administrative Remedy Form BP-9, you MUST ordinarily attempt to informally resolve your complaint through your Correctional Counselor. Briefly state ONE complaint below and list what efforts you have made to resolve your complaint informally and state names of staff contacted.

Date form issued and initials of Correctional Counselor [Signature] skk,

INMATE NAME Siddeeq Williams
REGISTER NO. 71042-050
BLDG. 5912

Date the incident complained of occurred: 3-1-21

Complaint and relief requested: I want to know
why medical didn't give me a reason as
to why I couldn't take a Covid-19 test, and
everyone else were given one

CORRECTIONAL COUNSELOR:

Date BP-8 returned to Correctional Counselor: 3-2-2021

Efforts made to informally resolve and staff contacted: You

were tested on MARCH 17, 2021

Date response given to inmate: 3/25/21

[Signature]
Counselor (sign)

Date BP-9 Issued: _____ Unit Manager (sign)

If complaint is NOT informally resolved: forward original attached to BP-9 form to the Legal Assistant.

EXHIBIT

D

BP-A0148

INMATE REQUEST TO STAFF CDFRM

JUNE 10

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Medical</i>	DATE: <i>12.28.21</i>
FROM: <i>Siddeeq Williams</i>	REGISTER NO.: <i>71042-050</i>
WORK ASSIGNMENT: <i>PM Yard</i>	UNIT: <i>5812</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I request to receive all medical records from 12.1.20 until now

(Do not write below this line)

DISPOSITION: *HIV results withheld per BOP policy. Records from 12.1.20 to present attached.*

33pgs

SBU
SENSITIVE BUT UNCLASSIFIED
FCI FORT DIX

Signature Staff Member

Date

B. Harrison Jones

Jan. 28. 2021

Record Copy - File; Copy - Inmate

PDF

Prescribed by P5511

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

EXHIBIT

E

AFFIDAVIT OF TRUTH

STATE OF NEW JERSEY)

) ss: SW

COUNTY OF BURLINGTON)

Siddeeq Williams
Reg. No. 71042-050
FCI Fort Dix
P.O. Box 2000
Joint Base MDL, NJ 08640

I, Siddeeq Williams, do swear and declare under the penalty of perjury, under the laws of the United States of America, pursuant to 28 U.S.C. § 1746, that the following statement is true and accurate to the best of my knowledge:

On March 16, 2021, at approximately 8:45am, I was waiting for a medical appointment in the waiting room of the West Side medical department (building 5806). An inmate, whom I have never seen before, called out my name and then handed me a stack of papers wrapped in a rubber-band. This inmate informed me that he "was told to give these to you." I removed the rubber-band and realized the documents were medical records in my name, dated January 28, 2021.

Signed and sworn,

Date: 3.16.21

Siddeeq Williams
Siddeeq Williams

Reg. No. 71042-050
FCI Fort Dix
P.O. Box 2000
Joint Base MDL, NJ 08640

AFFIDAVIT OF TRUTH

STATE OF NEW JERSEY)
) ss: JA
COUNTY OF BURLINGTON)


Justin Hatch
Reg. No. 11910-082
FCI Fort Dix
P.O. Box 2000
Joint Base MDL, NJ 08640

I, Justin Hatch, do swear and declare under the penalty of perjury, under the laws of the United States of America, pursuant to 28 U.S.C. § 1746, that the following statement is true and accurate to the best of my knowledge:

On March 16, 2021, I witnessed an inmate working in the medical building (5806) at FCI Fort Dix hand inmate Siddeeq Williams a folded and rubber-banded stack of medical records. The medical inmate told inmate Williams that the medical records were for Williams, and that he had been instructed by staff to give them to him.

Signed and sworn,

Date: 3/16/21


Justin Hatch
Reg. No. 11910-082
FCI Fort Dix
P.O. Box 2000
Joint Base MDL, NJ 08640

AFFIDAVIT OF TRUTH

STATE OF NEW JERSEY)

) ss: ET

COUNTY OF BURLINGTON)

Eric Thompson
Reg. No. 62934-037
FCI Fort Dix
P.O. Box 2000
Joint Base MDL, NJ 08640

I, Eric Thompson, do swear and declare under the penalty of perjury, under the laws of the United States of America, pursuant to 28 U.S.C. § 1746, that the following statement is true and accurate to the best of my knowledge:

On March 16, 2021, at approximately 8:40am, I witnessed an inmate working in the medical building (5806) at FCI Fort Dix hand another inmate, Siddeeq Williams, a folded and rubber-banded stack of medical records. The medical inmate told inmate Williams that the medical records were for Williams and that a staff member had instructed him to find Williams and give him his records.

Signed and sworn,

Date: 3-16-21

Eric Thompson 26934-037
Eric Thompson
Reg. No. 62934-037
FCI Fort Dix
P.O. Box 2000
Joint Base MDL, NJ 08640

EXHIBIT

F

Federal Bureau of Prisons

Menu Type: Mainline FY 2021

Weekly Menu

FORT DIX CAMP

Date Range: 3/28/2021 to 4/3/2021

Week #: 1

<u>Sunday (3/28/21)</u>		<u>Monday (3/29/21)</u>		<u>Tuesday (3/30/21)</u>		<u>Wednesday (3/31/21)</u>		<u>Thursday (4/01/21)</u>		<u>Friday (4/02/21)</u>		<u>Saturday (4/03/21)</u>	
BREAKFAST		BREAKFAST		BREAKFAST		BREAKFAST		BREAKFAST		BREAKFAST		BREAKFAST	
♥Hot Oatmeal	♥Whole Wheat Bread and ♥Jelly (2)	♥Hot Oatmeal	♥Coffee Cake or ♥Whole Wheat Bread and ♥Jelly (2)	♥Hot Oatmeal	♥Bran Flakes	♥Hot Oatmeal	♥Breakfast Cake or ♥Whole Wheat Bread and ♥Jelly (2)	♥Hot Oatmeal	♥Bran Flakes	♥Hot Oatmeal	♥Bagel or ♥Whole Wheat Bread and ♥Jelly (2)	♥Hot Oatmeal	♥Whole Wheat Bread and ♥Jelly (2)
♥Sugar Substitute Pks	♥Margarine Pat	♥Sugar Substitute Pks	♥Sugar Substitute Pks	♥Sugar Substitute Pks	♥Margarine Pat	♥Sugar Substitute Pks	♥Sugar Substitute Pks	♥Sugar Substitute Pks	♥Margarine Pat	♥Sugar Substitute Pks	♥Margarine Pat	♥Sugar Substitute Pks	♥Margarine Pat
♥Applesauce	♥Skim Milk	♥Applesauce	♥Margarine Pat	♥Applesauce	♥Margarine Pat	♥Applesauce	♥Margarine Pat	♥Applesauce	♥Margarine Pat	♥Applesauce	♥Margarine Pat	♥Applesauce	♥Margarine Pat
♥Scrambled Eggs	♥Oven Brown Potatoes	♥Beef Tacos	♥Black Beans	♥BKD Chicken Patty	♥Soy Chicken Patty	♥Hamburger	♥Soy Burger	♥Baked Chicken	♥Pinto Beans	♥BKD Fish Sandwich	♥Baked Fish	♥Scrambled Eggs	♥or P8 w/WW Bread
♥Cream Gravy	♥Biscuit (2) or ♥Whole Wheat Bread and ♥Jelly (2)	♥Black Beans	♥WK Corn	♥Steamed Rice	♥Pinto Beans	♥or Soy Burger	♥BKD French Fries	♥Baked Sweet Potato	♥Green Beans	♥Baked Fish	♥or Black Beans	♥Baked Eggs	♥or P8 w/WW Bread
♥Whole Fresh Fruit	♥Margarine Pat	♥Shredded Lettuce	♥Taco Shells (2)	♥Lettuce/Tomato Salad Dressing	♥Pinto Beans	♥Soy Burger	♥Baked Potato	♥Green Beans	♥Whole Wheat Bread	♥Macaroni Salad	♥Carrots	♥Flour Tortilla (1)	♥Salsa
♥Water	♥Coffee	♥Cheddar Cheese	♥Applesauce	♥WW Hamburger Bun	♥Whole Fresh Fruit	♥Mustard	♥Catsup	♥Whole Fresh Fruit	♥Water	♥WW Hamburger Bun	♥Kosher Tartar Sauce	♥Cheddar Cheese	♥Whole Fresh Fruit
DINNER		DINNER		DINNER		DINNER		DINNER		DINNER		DINNER	
♥Roast Beef	♥or ♥Black Eyed Peas	♥Spaghetti Pasta	♥w/ Marinara Sauce	♥Salisbury Steak w/liquid	♥Black Beans	♥Black Bean Soup	♥Beef Taco Salad	♥Chicken Fajitas	♥or Tofu Fajitas	♥Chicken Fried Rice	♥or Tofu Fried Rice	♥Vegetable Soup	♥Tuna Salad
♥Mashed Potatoes	♥Green Beans	♥Meatballs	♥or Soy Spag Sauce	♥Mashed Potatoes	♥WK Corn	♥or Soy Taco Salad	♥Shredded Cheese	♥Cilantro Rice	♥Black Beans	♥Green Peas	♥Whole Wheat Bread	♥or Hummus	♥Lettuce Leaf
♥Brown Gravy	♥Whole Wheat Bread	♥Spinach	♥Garden Salad	♥Brown Gravy	♥Whole Wheat Bread	♥Salsa	♥Whole Wheat Bread	♥WK Corn	♥Salsa	♥Water	♥Water	♥Potato Chips	♥Baked Potato
♥Water		♥Ital Dressing Low Cal	♥Garlic Bread or ♥Whole Wheat Bread	♥Margarine Pat	♥Water	♥Water	♥Water	♥Flour Tortilla (2)	♥Water			♥Whole Wheat Bread	♥Water

#Indicates No Flesh Entrée Item

♥Indicates Heart Healthy

3/21/2021 11:14 AM

Page 1 of 1

EXHIBIT

H

TRULINCS 71042050 - WILLIAMS, SIDDEEQ Q - Unit: FTD-Q-B

FROM:

TO: 71042050 WILLIAMS, SIDDEEQ Q

SUBJECT: Article

DATE: 03/26/2021 01:06 PM

The tragedy of long COVID

POSTED OCTOBER 15, 2020, 2:30 PM , UPDATED MARCH 01, 2021, 1:02 PM

Anthony Komaroff, MDAnthony Komaroff, MD

Editor in Chief, Harvard Health Letter

Suppose you are suddenly stricken with COVID-19. You become very ill for several weeks. On awakening every morning, you wonder if this day might be your last.

And then you begin to turn the corner. Every day your worst symptoms—the fever, the terrible cough, the breathlessness—get a little better. You are winning, beating a life-threatening disease, and you no longer wonder if each day might be your last. In another week or two, you'll be your old self.

But weeks pass, and while the worst symptoms are gone, you're not your old self—not even close. You can't meet your responsibilities at home or at work: no energy. Even routine physical exertion, like vacuuming, leaves you feeling exhausted. You ache all over. You're having trouble concentrating on anything, even watching TV; you're unusually forgetful; you stumble over simple calculations. Your brain feels like it's in a fog.

Your doctor congratulates you: the virus can no longer be detected in your body. That means you should be feeling fine. But you're not feeling fine.

The doctor suggests that maybe the terrible experience of being ill with COVID-19 has left you a little depressed, or experiencing a little PTSD. Maybe some psychiatric treatment would help, since there's nothing wrong with you physically. You try the treatment, and it doesn't help.

How common are lingering COVID symptoms?

Tens of thousands of people in the United States have lingering illness following COVID-19. In the US, we call them post-COVID "long haulers." Currently, the condition they are suffering from is known as "long COVID," although other names are being proposed.

Published studies (see [here](#) and [here](#)) and surveys conducted by patient groups indicate that 50% to 80% of patients continue to have bothersome symptoms three months after the onset of COVID-19—even after tests no longer detect virus in their body.

Which lingering symptoms are common?

The most common symptoms are fatigue, body aches, shortness of breath, difficulty concentrating, inability to exercise, headache, and difficulty sleeping. Since COVID-19 is a new disease that first appeared in December 2019, we have no information on long-term recovery rates.

Moving toward a better definition of long haulers—and a new name

Very different chronic illnesses may develop in some people who have had COVID-19. So, the National Institutes of Health (NIH) has proposed a unifying name: post-acute sequelae of SARS-CoV-2 infection, or PASC. (SARS-CoV-2 is the virus that causes COVID-19.)

Most people who get COVID-19 recover within weeks or a few months. However, some will likely suffer chronic damage to their lungs, heart, kidneys or brain that the virus inflicted. Others will develop long COVID.

We do not yet have a formal definition of long COVID. In my opinion, such a definition should include these three points:

A medical diagnosis of COVID-19, based on both symptoms and/or diagnostic testing for the SARS-CoV-2 coronavirus.

Not having returned to pre-COVID-19 level of health and function after six months

TRULINCS 71042050 - WILLIAMS, SIDDEEQ Q - Unit: FTD-Q-B

Having symptoms that suggest long COVID, but no evidence of permanent damage to the lungs, heart, and kidneys that could cause those symptoms.

Is long COVID the same as chronic fatigue syndrome (ME/CFS)?

Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, has speculated that long COVID likely is the same as or very similar to myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS).

ME/CFS can be triggered by other infectious illnesses such as mononucleosis, Lyme disease, or severe acute respiratory syndrome (SARS), another coronavirus disease. Before the pandemic, the National Academy of Medicine estimated that as many as 2.5 million people in the US are living with ME/CFS. I recently published an article in the journal *Frontiers in Medicine* indicating that the pandemic could well double that number in the next year.

Who is more likely to become a long hauler?

Currently, we can't accurately predict who will become a long hauler. As an article in *Science* notes, people only mildly affected by COVID-19 still can have lingering symptoms, and people who were severely ill can be back to normal two months later.

However, continued symptoms are more likely to occur in people over age 50, people with two or three chronic illnesses, and, possibly, people who became very ill with COVID-19.

What might cause the symptoms that plague long haulers?

Research is underway to test several theories. People who have ME/CFS, and possibly people with long COVID, may have one or more of these abnormalities:

- an ongoing low level of inflammation in the brain
- an autoimmune condition in which the body makes antibodies that attack the brain
- decreased blood flow to the brain, due to abnormalities of the autonomic nervous system
- difficulty making enough energy molecules to satisfy the needs of the brain and body.

The bottom line

How many people may develop long COVID? We can only guess. By late February, 2021, almost 30 million Americans were confirmed to have been infected by the virus. Probably many more were never diagnosed. Early studies indicate that one in ten people with COVID-19 may develop long COVID that lasts at least a year. Ultimately, how long these illnesses last remains to be determined.

For this and many other reasons, the strain on the American health care system and economy from the pandemic will not end soon. Fortunately, the NIH and CDC have committed major support for research on long COVID. In the US and around the world, planning is underway to develop centers dedicated to research into long COVID and caring for those who have it.

Virtually every health professional I know believes that the pandemic in the US could and should have been better controlled than it has been. Bad mistakes rarely lead to only temporary damage.

EXHIBIT

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SUBJECT: Article

DATE: 03/19/2021 01:36 AM

State suing feds over contamination on Joint Base, other federal facilities

TRENTON New Jersey is suing the federal government over its use of toxic chemicals that contaminated the groundwater and drinking water on and around Joint Base McGuire-Dix-Lakehurst.

Attorney General Gurbir S. Grewal and Department of Environmental Protection (DEP) Commissioner Catherine R. McCabe announced the lawsuit Thursday.

The suit focuses on the federal government's long-term use of aqueous film-forming foam (AFFF) at military bases and other federal facilities across the state.

AFFF, often used to extinguish fuel-based fires, contains toxic per- and polyfluoroalkyl substances (PFAS), including perfluorooctane sulfonic acid (PFOS) and perfluorooctanoic acid (PFOA).

The toxic chemicals have been used in non-stick pans, stain-resistant clothing, food packaging, and firefighting foams, but have recently been linked to toxic effects such as immunodeficiencies, reproductive issues, and some cancers, as well as decreased vaccine response.

Earlier this year, the state adopted more stringent drinking water limits for PFOA and PFOS 14 parts per trillion (ppt) for PFOA and 13 ppt for PFOS. The federal limit for the toxic chemicals is 70 ppt.

"During Commissioner McCabe's tenure, New Jersey has become a national leader in responding to the scientific evidence of PFAS chemicals' impacts on human health," Attorney General Grewal said. "With today's lawsuit, we are inviting the federal government to finally take the risks posed by PFAS chemicals as seriously as New Jersey does, and to take appropriate steps to protect the health of military and civilian families who live near our military bases."

The state wants the federal government to be found liable for all costs to investigate, clean up and remove, treat, monitor, and respond to PFOS and PFOA contamination

It also wants the federal government to remediate the contaminated areas and conduct medical monitoring and provide alternative water supplies for residents whose drinking water has been contaminated.

According to the complaint, the U.S. has found three private drinking water wells near the military base with combined levels of PFOS and PFOA ranging from 152 ppt to 1,688 ppt, far exceeding the state's limits.

On the base, testing by the state in 2016 of 21 suspected release areas found groundwater monitoring wells with combined levels of PFOS and PFOA as high as 264,300 ppt.

More than 45,000 active duty, guard, reserve, family members and civilians live and work on and around the joint base, and approximately 600,000 people live in the towns surrounding it.

Other military installations where the use of AFFF has contaminated water supplies are Naval Weapons Station Earle, in Monmouth County, and the former Naval Air Warfare Center in Trenton, Mercer County.


"Federally owned facilities in New Jersey that polluted the environment through the use of aqueous film-forming foams must do the right thing by properly investigating and remediating PFAS-contaminated water supplies," said Commissioner McCabe. "Governor Murphy and I are proud of New Jersey's accomplishments in leading the nation by taking strong health- and science-based actions to protect the health of our residents from PFAS chemicals. Through this legal action, we are demanding that the federal government follow New Jersey's lead."

The complaint was filed in the U.S. District Court for the District of South Carolina, which is handling litigation from around the country relating to AFFF.

DECLARATION

I, Siddeeq Williams, declare under the penalty of perjury that the aforementioned statement by me was true and correct to the best of my knowledge, pursuant to 28 U.S.C. § 1746.

Date: April 5, 2021


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